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"*NEC TENUI PENNÂ*."

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J. W. HOLLAND, A. M., M. D., Editor.

H. A. COTTELL, M. D., Managing Editor.

PERILS OF SUMMER-RESORTS.

Have you ever been to a second-class watering-place in Kentucky or Indiana, or to one of the large caravansaries by the northern lakes? If so, then you will concur in the advice given to the swelterer in the city, who would seek lost health as a summer-boarder without discrimination as to the house and its environment, "rather to bear the ills he has than fly to others he knows not of." There are several health-resorts not a thousand miles from Louisville, to which our healthy friends have gone to escape the heat, and returned precipitately with "the chills, to which people are liable there in August." When built on low ground near a mineral spring, that keeps the earth damp with its overflow, without cellar or subsoil drainage, you have unsanitary surroundings, for which no amount of white-washing and floor-scrubbing will furnish a corrective nor draughts of mineral water a remedy.

A family we wot of, after a cool sojourn of a few weeks, returned from Lake Chautauqua with a case of typhoid fever contracted there. Warned of the danger of drinking water from a well ten feet deep in a sandy soil, of the diseases engendered by the filthiest of all filth if allowed to reek in the sun and poison the air on the surface, as in extemporized privies, they returned the second year to the first-class summer-hotel that had this environment, and the second time brought home typhoid. They paid dearly

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for the lesson they learned. At home extremely particular about plumbing and sewage, dampness and drinking-water; abroad, the average tourist is oblivious to all the sanitary principles he once harped on.

In the cities we are familiar with the huge blocks of transparent ice, through several feet of whose glassy substance we can read the recommendation that it comes from some sequestered lake in the North. The Pictet artificial ice-company vies with the lake-ice men by getting water far down in the deep water-bearing strata, and displays prominently the evidence of its purity. The citizen debates with animation the question of relative wholesomeness, and prefers the purest if there be but a shadow of difference.

How is it at the summer-hotel of the interior? In the cooler, in the milk, in the refrigerator, and upon the butter-dish will usually be found ice cut from some shallow pond or sluggish creek in a neighbor's meadow, which receives the surface-drainage of the pasture, and has laved the hot flanks of beasts of all degrees during last summer's heat.

There is a current fallacy that the freezing process purifies the water, and that ice from any source is equally harmless. The following experiment on a large scale has settled that question forever, showing that the causes of disease in filthy drinking-water preserve their pestilent power despite the freezing temperature. We refer to the now classical epidemic at a Rye Beach (N. H.) hotel, an account of which was freely circulated in the Massachusetts health-report of 1876. The notes were taken by Dr. A. H. Nichols, who was in attendance upon some

of the victims of the epidemic. At one of the hotels some of the guests suffered from nausea, vomiting, diarrhea, colic, fever, loss of appetite, physical and mental depression. The well-water was first suspected, but upon examination found to be pure and from a well-protected source. The milk was examined and pronounced wholesome. To the drainage no exceptions could be taken. Finally violent attacks of gastro-intestinal disturbance were reported by several who drank nothing but the water from melted ice. The character of the ice was inquired into. The ice-house and its melted water were offensive to the nostrils. A direct examination of the pond from which the ice was taken revealed the fact that the water was foul with decaying sawdust and marsh-mud. What remained of the ice was at once condemned, and simultaneously the epidemic ceased.

Within six weeks, out of the five hundred guests to whom this infused poison was given freely, the majority were unaffected by it, though twenty-six persons were made seriously sick, and many more exhibited symptoms less grave, but attributable to the same source.

With these cautions in mind, we advise all who can to fly the blood-boiling and brain-muddling streets of the city. Especially should the babes and delicate women no longer tempt fate by breathing the stifling air that keeps above ninety degrees by night and a hundred by day. For the tired brain-worker, to whose exhausted nerves the night is a season of tossing instead of repose, there is a renewal of life dwelling in tents in some northern wilderness, or lolling the careless hours away by the sea in the ozonized and bracing air. But ascertain beforehand, if you can, if back of the inviting cottage by the sea there be a marsh where salt and fresh water mingle to breed the deadliest miasm. It will make assurance doubly sure to know the source of its drinking-water, depth of well, and distance from the cess-pit. For, as a rule, the laws of domestic hygiene are less carefully observed in country places than in crowded cities, and

the general debility of the dog-days may give place to the dangerous prostration of diarrhea or dysentery. Out of the frying-pan of hot streets you may leap into the fire of remittent or typhoid fever.

THE Kentucky State Board of Health held its quarterly session at Hopkinsville on July 12th. Sanitary papers by Dr. J. N. McCormack and Dr. J. W. Holland were read and discussed. At night Dr. J. J. Speed, the secretary, delivered a public lecture on Sanitation. Owing to the excessive heat the board did not achieve all that was expected. Still the meeting was profitable, and testified to the cordial feelings entertained by the physicians and the citizens of Hopkinsville toward the health-board. It is their plan at present to hold these meetings of a semi-public character at different points in the State for the purpose of interesting every one in what is emphatically every body's business.

AS THE very active daily press brings to light the family and individual history of Guiteau, it becomes apparent that the question of his insanity is one on which much may be said in the affirmative. Cooler counsels than those we hear at tea-tables and read at breakfast will probably judge him insane, but not so technically irresponsible as to be treated like a harmless lunatic. Criminally insane people should for society's protection be put where they can be prevented from committing further crime, and at the same time, for the sake of reason and humanity, treated with less rigor than the responsible criminal. It is doubtful if the law can be so construed as to accomplish this desirable consummation.

THE drift of opinion now is toward the view that the surgeons attending the President were mistaken as regards the track of the ball. Events of late indicate that neither the liver nor any other vital organ was injured.

Correspondence.

THE DANGER OF USING AN ANESTHETIC WHILE SUSPENDING A PATIENT TO APPLY A PLASTER-OF-PARIS JACKET.

Editors Louisville Medical News :

DEAR SIRs—In your number of July 9th I find the following :

FATAL RESULTS FROM THE APPLICATION OF SAYRE'S JACKET.—The patient, a child, suffered from a considerable kyphosis at about the junction of the dorsal and cervical vertebræ. It was restless during the suspension; suddenly the breathing ceased. Immediate tracheotomy showed the trachea free down to its bifurcation, and consciousness could not be restored. The breathing was stertorous, and the child died one and a half hours after the suspension. The autopsy revealed a very marked angular curvature of the spine and a very large abscess reaching to the mediastinum.—*Sonnenberg—Proceedings of German Surgical Society, Deutsche Med. Woch.; Maryland Med. Journal.*

In the Medical Record of May 7, 1881, page 527, in a letter from Berlin ("from our special correspondent"), is a narrative of the proceedings of the German Medical Congress, and among other things he says :

TREATMENT OF SPINAL DISEASE.—Another subject which attracted much discussion was the old one of the treatment of spinal disease by the Sayre plaster jacket and the pliable felt corset. Several cases were exhibited where, after injuries to the spine and resulting paralysis of limbs, bladder, and rectum, the patient had been treated by the application of a plaster or felt jacket, and great improvement had followed; paralysis of the bladder and rectum having disappeared, and the patient being able to walk with the jacket.

Prof. Langenbeck said he always chloroformed the patient before applying the corset, that the muscles might be wholly relaxed, and used extreme caution lest serious or even fatal consequences might follow the suspension of the patient. He related a case in which a patient in his clinic had been suspended for the application of the corset, in which there was sudden cessation of breathing, and, though respiration was partially restored, the patient died in an hour, despite the performing of tracheotomy and artificial respiration.

The post-mortem examination showed that an abscess, which was situated in the angle formed by the sinking together of the eroded bodies of the vertebræ, had been ruptured by the suspension of the patient, and the pressure of the escaping pus upon the trachea, and possibly upon the nerves, had caused the cessation of respiration.

In the International Medical Journal, and in several other medical journals, I have seen a description of the same case, and they all refer to Prof. Langenbeck as the narrator of the fatal case, and also quote his remarks about the use of chloroform during the sus-

pension. I therefore take it for granted they all refer to this one case of Prof. Langenbeck's, and I take the liberty of saying that the "fatal result" was not "from the application of Sayre's jacket," but from the *improper manner of making the suspension*, and which was done in direct violation of the rules I have laid down for its performance; and therefore my plan of treatment should not be held responsible for this death, and you have therefore no right to head your article "*Fatal Results from the Application of Sayre's Jacket.*"

In my work on Spinal Curvature, pp. 21, 22, will be found the following :

Before narrating the cases illustrative of the principles of treatment here advocated, I wish to give, or, rather, repeat a word of caution, fearing that I may not have enforced it with sufficient distinctness already. It is this: *Do not attempt the impossible*—do not try to straighten curved spines, the result of caries, that have become partially or completely consolidated. If nature has already thrown out ossific matter, and adhesions are beginning to take place, *do not break them up* by too severe extension, but simply extend the patient very slowly, so that the contracted muscles alone will yield, *until the patient says he feels comfortable, and never extend the patient beyond that point.*

If it is a child who can not talk, watch his countenance, and as soon as the expression of *pain* is changed to one of *pleasure, there stop*, and secure your patient by the plaster bandages, keeping him in that position until the plaster has set; he will then retain this sense of comfort so long as the bandage is properly adjusted.

If the patient is under the influence of an anesthetic, it is impossible for him to give you the information desired—and no one else can. It should therefore never be used in the suspension of a patient suffering from Pott's disease under any possible circumstances.

There is no pain whatever given by the *proper* application of the suspension, and therefore no anesthetic is required to relieve it. On the contrary, the proper application of suspension gives immediate relief to the patient, and this is the invariable testimony of the many hundred cases in which I have employed it. I therefore assume the right to speak with some degree of positiveness on the subject.

At the meeting of the International Medical Congress at Amsterdam, in 1879, while practically demonstrating the treatment before the association I remarked, "I have learned that some surgeons administer an anesthetic during the suspension. I think this practice extremely dangerous, and should most strongly condemn it." (See British Med. Jour., Sep. 27, 1879.)

Notwithstanding the caution thus prominently given to the profession, it will be seen by the records of the German Medical Congress that some surgeons still persist in this dangerous practice, and medical journals in various parts of the world head their articles in large type, "Fatal Results from the Application of Sayre's Jacket," when in fact the treatment is in direct violation of the principles I have endeavored to teach.

Hoping that this communication will have the effect of drawing the attention of the profession to the danger of this practice, and thus prevent the further sacrifice of life and also protect a plan of treatment which has proved to be of such value from being brought into discredit by misrepresentation, I remain,

Yours most respectfully,

LOUIS A. SAYRE.

285 FIFTH AVE., NEW YORK, July 15, 1881.

Editors Louisville Medical News:

Under the head of Lactic Acid in Chronic Cystitis, in a recent number of the NEWS, I was impressed with your suggestion to try the use of copious draughts of buttermilk alone. Having on hand at the time a case of chronic gonorrheal cystitis that had resisted all the usual methods of treatment, I at once discontinued all other remedies and directed the free imbibition of buttermilk. At my next visit, four days afterward, I had the satisfaction of finding the patient well, and at present writing there has been no return of the symptoms. As the results in a single instance are not conclusive, I would urge our professional brethren to give this simple remedy further trial.

W. P. DUNBAR, M.D.

GREENVILLE, TEXAS.

Editors Louisville Medical News:

* For twenty years I had suffered greatly from that annoying disease, pruritus ani, and had placed myself under the care of various physicians at different times, but without the least benefit. About two years ago I noticed a brief paragraph in the MEDICAL NEWS to the effect that balsam peru would relieve that trouble. I tried it, and it gave immediate and entire relief. The disease still clings to me, but when it becomes annoying a single application of the balsam affords relief. Of all the medicines which I have tried this is the only one that has had any effect.

Clinical Lectures.

MÉNIÈRE'S DISEASE (OR AUDITORY VERTIGO) CURED BY QUININE.

CLINIC, UNIVERSITY OF LOUISVILLE, APRIL 18, 1881.

BY J. W. HOLLAND, M.D.

Professor of Diseases of the Nervous System, University of Louisville.

[Reported by N. B. Shands.]

Gentlemen—Here is a case of vertigo which will illustrate the value of a close study of minute symptoms. Though to the patient our queries may appear irrelevant, yet as you have often heard, the key to the problem which each case presents for solution will often be found in the apparently trivial phenomena.

Mrs. O'Neal, aged sixty years, house-servant, complains that she has been dizzy for twelve months. Let us see if we can get some clue to the cause of this dizziness. Vertigo is often due to indigestion, but gastric vertigo is not apt to last so long. She reports no dyspepsia, but says that nausea frequently attends the paroxysms of vertigo. The vertigo of *biliousness* is usually transient, being remediable by light diet and a mercurial purge. The nausea of gastric vertigo is commonly the first symptom; in Mrs. O'Neal it succeeds other phenomena.

Going back to the first paroxysm, we are informed that she was stooping down scrubbing the floor when suddenly she heard a loud clanging noise and fell down to the floor. This is a description of a typical stroke of *auditory* vertigo. The loud noise and the fall return on her frequently. Every night she awakes with a great start owing to this noise which she says sounds as if some one had "dropped a shovel upon the stove"; every thing "spins round," her "stomach gets sick," and sometimes she vomits, while she clutches the bedpost in terror to keep from falling out of bed. This, mark you, is a nightly occurrence, and may be brought on by simply turning in bed or trying to rise. In the daytime she is liable to vertigo at any moment; indeed it is almost constant, necessitating a companion when she goes on the street. She walks with a staggering gait, catching at the doorposts as she came in, and if alone holding to walls and fences. She says that she often falls in the daytime, turning to the right side as if that gave way first. She turns pale, as if about to faint, and sweats copiously at the time of seizure. She can not stoop without falling, and occasionally after a meal the attacks are accompanied by vomiting. The attacks last a few seconds or minutes.

In any case of vertigo, but especially one attended by loud sounds, it is important to determine the existence of ear-trouble. I find no accumulation of hardened cerumen in either ear. This has been known to cause various reflex symptoms seemingly grave. There is no history of ear-pain or discharge, but on testing the hearing I find that of the right ear a little less acute than the left. Take note that this is the side to which she gyrates in falling. She says the right side feels weaker. If when on the street a noisy wagon or a band of music passes the vertigo returns with great intensity, and she must brace herself to keep from falling. "A roaring sound in her head" is a perpetual source of annoyance, broken only by the more aggravating vertiginous attack. Her face

has an anxious and jaded expression, such as would naturally accompany the miserable feelings of a person afflicted as she is.

Every one has suffered at some time from dizziness. Now put yourself in the patient's place, so as to realize her mental state. Imagine this dizziness as almost constant for a year, like a sea-sickness for that time; nauseated at intervals, walking on uncertain feet, and apparently growing worse instead of getting your sea-legs on. Think of the night terrors upon awaking with that clanging noise, or of the giddiness upon turning suddenly in bed, and you have a condition of things than which there can be few more distressing.

It is an excellent proof that these symptoms are assigned to a disease of the semicircular canals of the internal ear. A staggering gait can be induced in the lower animals by injury to this part, the character of the movement corresponding to the canal injured. The connection between these phenomena and the labyrinthine disease was first discovered by Ménière, and in his honor the disease has been named. A disease of the middle ear may cause pressure through the membranes upon the fluid within the labyrinth, and thereby cause the vertigo. It is the opinion of some pathologists that it may be excited by disease of the trunk of the portio mollis or of its ganglionic center in the medulla. It is of great importance in diagnosis to exclude the epileptic vertigo, which has a much graver significance. This is done by the absence of loss of consciousness, which is the essential feature of epileptic attacks. There is no spasm or paralysis of any limb or of any single muscle to indicate brain-trouble.

In the treatment we shall be guided to some extent by the theory of its cause. If there was any ear-mischief evident, that should be treated directly. We learn that previous to the original stroke there was no pain nor discharge from the ear, and that the defective hearing has been observed only since the vertigo came on. It has slowly increased to a point that can hardly be called very decided. I shall order for her Charcot's remedy, to be used after the method he found most successful. It is quinine, not in tonic doses nor as an antiperiodic, but for a continuous effect on the auditory nerve. To get this impression, she shall have five grains of quinine three times daily for a month. Then there shall be an intermission of one week, and, if necessary, the remedy will be resumed. Having tried this method before for this same disease, I feel confident that it will at least mitigate the symptoms if not remove them.

[April 25: The patient reported that she had taken the medicine as directed, and feels much better. She sleeps better, and does not awake with vertigo and terror. The incessant roaring in the head has given place to the ringing of cinchonism. The vertigo is less frequent and pronounced. She walked to the dispensary without assistance, though she brought a companion for fear of a return. She will continue the quinine.

May 2: Condition much improved; she shows it in her face. The look of dejection and misery has gone. Vertigo is now of rare occurrence. Her hearing is better, a very singular fact considering the amount of quinine she has taken.

May 16: She failed to take the quinine for one week, thinking it unnecessary to dose herself, as she was so much better. In consequence her nausea returned last week, though the other symptoms remain absent as before. She must resume the quinine.

May 23: Every symptom has disappeared. She says that she feels better than at any time in twelve months; walks alone, hears well, sleeps soundly, is in good spirits, and does her own house-work without discomfort. She shall leave off the quinine for one week, and if the symptoms return we shall give her one month more of the same methodical dosing.

July 13: The patient has been met on the streets free from her former disease; and as she has not reported at the clinic, it is fair to assume that the disease did not return.]

Reviews.

The Principles of Myodynamics. By J. S. WIGHT, M.D., Professor of Surgery, and Lecturer on Physical Science at the Long Island College Hospital. New York: Bermingham & Co. 1881.

This work represents an attempt to reduce to mathematical accuracy a department of knowledge hitherto left in the domain of descriptive science and common sense. It shows close study and deep research, and brings to light many points relative to the action of muscles, with other factors, in the production of fractures and dislocations, not before considered in works devoted to surgical anatomy. We do not believe that in the present state of knowledge *The Principles of Myodynamics* can become popular, for the student who masters the subject will be called on to review his studies in mathematics. But this aside there are to be found in the work many new suggestions of value to the surgeon in his practice and the anatomist in his demonstration of the action of muscles.

We anticipate, when the days shall grow cooler and the nights longer, some healthy mental exercise in mastering the propositions laid down by the author, and in following him through the demonstration of his problems; but at present we prefer something lighter and less abstruse.

The author is entitled to great credit for the work displayed in this volume, the character of which we believe is such as to bespeak for it a place in the library of any man who may be interested in the deeper things of anatomy and surgery.

THE suggestion of Gov. Long, of Massachusetts, is very timely. Distinct asylums, he urges, should be established for *insane criminals*.

YALE COLLEGE has just conferred the degree of LL.D. upon Austin Flint, M.D.

Books and Pamphlets.

ABORTIVE TREATMENT OF PNEUMONIA. By W. Y. Gadbury, M.D., Yazoo City, Miss. Read before the Mississippi Medical Society.

ARE ALL ANESTHETICS DANGEROUS WHICH CONTAIN CHLORINE, BROMINE, OR IODINE? By Edward T. Reichert, M.D., Newark, N. J. Reprint.

HIP-JOINT DISEASE. By De F. Willard, M.D. Microscopical Appearances, with Cuts, by E. C. Shespeare, M.D. Reprint. Cambridge: Riverside Press.

MINUTES OF THE TWENTY-SIXTH ANNUAL MEETING OF THE KENTUCKY STATE MEDICAL SOCIETY, held at Covington, April, 1881. Louisville: Courier-Journal Job-room print.

HIP-INJURIES, INCLUDING HIP-JOINT DISEASE AND FRACTURES OF THE FEMORAL NECK, SPLINT FOR. By De F. Willard, M.D. Reprint from Philadelphia Medical Times.

A ROMANCE OF THE NINETEENTH CENTURY. By W. H. Mallock, author of the New Republic, etc. New York: G. P. Putnam's Sons. 1881. Sixty cents.

The author has achieved a wide reputation by the literary skill with which he serves up in a popular form his religious and philosophic objections to modern materialism. The solemn meaning of human life is sure to be the motive of all his vigorous writing, either in controversies or fiction.

Formulary.

INJECTION BROU.

The following is believed to be the formula of the much-vaunted gonorrheal injection of the above name taken from the register in the French public office:

R Zinc. sulph.....	gr. viij;	0.48 Gm.;
Plumbi acet.....	gr. xv;	1.00 "
Tinct. catechu.....	℥j;	4.00 "
Tinct. opii.....	}	aa ℥ iij; 90.00 fl.Gm.
Aque.....		

GONORRHEA.

Prof. Ino. Ashurst does not believe that in a simple uncomplicated case of gonorrhea internal remedies—such as cubebs, copaiba, oil of sandal-wood, and the like—are at all essential.

Should the urine be very scalding, the *chaude-pisse* very painful, a mixture such as the following dilutes and increases the quantity of the urine and relieves the patient:

Flaxseed tea.....	1 pint;
Sodii bicarb.....	1 teaspoonful;
Spiritus etheris nitrosi.....	1 tablespoonful.

To be drunk in divided doses within the twenty-four hours.

In the local management of the early stages of gonorrhea, he prefers what is sometimes called the modified abortive treatment of Ricord; he uses the nitrate of silver in the strength of one quarter of a grain to the ounce, in the form:

R Argenti nitratis..	gr. ij;	0.12 Gm.;
Vini opii.....	gtt. xx-xxx;	1.33-2.00 fl.Gm.;
Aque rose.....	fl.℥ viij;	240.00 "

Fl. sol. Sig. Inject two syringefuls at a time every three or four hours.

The first syringeful is neutralized by the mucus in the urethra. Dregs of laudanum may be substituted for the wine of opium.

In the second stage a very good injection is one containing sulphate of zinc and acetate of lead. Between these two a double decomposition takes place. The acetic acid going to the zinc produces the acetate of zinc, a mild astringent; while the sulphuric acid combining with the lead forms the sulphate of lead, a soothing, impalpable powder. A good formula is the following:

R Plumbi acet.....	℥ vj;	180.00 Gm.;
Zinci sulph.....	℥j;	1.33 "
Aque.....	℥ iij;	60.00 fl.Gm.

Ft. sol. Sig. Inject as before, every three or four hours.—*Medical Record*.

Pharmaceutical.

PAPAIN.

For some time pharmaceutical journals have contained notices of the above-named substance, a vegetable pepsin, and a digestive agent of peculiar properties. It is obtained from the juice of the unripe fruit of the *Carica papaya* (Jamaica papaw), and is used in Jamaica for the purpose of softening meat in process of cooking. The substance has been partially investigated by H. J. Rose (Amer. Jour. of Phar., Nov., 1880), and more fully by Bouchout and Wurtz, who have demonstrated its similarity to the albuminoid bodies, and its possession of rare digestive properties. They have proved its power of digesting all organized bodies; and, what is more remarkable, the action takes place equally well whether the tissue be living or dead. In addition, it has the power of converting starch into sugar, acting in this wise like diastase, ptyalin, and the intestinal juice.

Whether the great expectations that have resulted from these discoveries will be fully realized is a question for time and further trial to answer. At all events the known properties of this substance have been accepted as sufficient guarantee for a very wide range of experiments, and we hear of its use by injection into the bodies of non-malignant tumors for the purpose of breaking them down by its digestive action, so as to favor their absorption; as a solvent for the diphtheritic membrane, etc. We think, however, the field wherein its great utility lies is in its

property of peptonizing albuminoid bodies, for its power in this direction is most remarkable, and also its ability to bring starchy food into the condition most favorable for absorption.

A report by Dr. Albrecht, of Neuenberg, speaks of its efficacy in the intestinal lesions of a dyspeptic and catarrhal order, and mentions the benefit derived in the cases of children who were troubled with the passage of undigested matter in the stools, vomiting, etc. The prevalence of this class of diseases at this season of the year, and the complications arising from the trouble mentioned above, have caused the writer, at the request of several physicians, to procure some papaine, and to learn whether there were any foundations for the results claimed in the report alluded to. The researches of Wurtz have been mainly made upon fibrin, but desiring more positive knowledge as to its digestive power on casein—which constitutes the bulk of undigested matter passed by dyspeptic infants, or those suffering with so-called summer-complaints. I have made experiments as to its digestive power on this substance, and have found that in the course of four hours it digests fully sixty times its own weight of moist casein, converting it into a peptone precipitable by nitric acid.

Acting upon this result a syrup has been prepared containing ten grains per ounce of commercial papaine, which is the dried juice of the fruit, and contains twenty per cent of true papaine or papayotin. It is with a preparation like this that Albrecht's results were obtained, and a body having the power of rendering such a range of foods assimilable certainly promises a wide field of usefulness. The dose of this syrup would range from a half dram upward, depending upon circumstances.

J. A. FLEXNER,
Louisville, Ky.

DR. W. WALLING, of Louisville, is about to engage in the wholesale drug business in Indianapolis. With the versatility of an American, he will doubtless achieve in this new line the same success that has attended his professional walk with us. As fate is going to spoil a good physician, it must compensate him with a life of peace and plenty.

DR. EUSTACE SMITH, of London, says, "Mellin's food is by far the best of any with which I am acquainted. It seems to agree equally well with children whether they are healthy or diseased."

Miscellany.

THE ORIGIN OF MILK-SICKNESS.—A scientific contemporary gives an abstract of a paper, by Prof. E. T. Cox, on the Influence of Geology on Local Diseases, showing what has actually been done by rural drainage to eradicate the dreaded malady that used to prevail extensively in Kentucky and Indiana, known as "milk-sickness," because, first attacking cattle, it was communicated to human beings through the milk, butter, and beef of the infected animals. At first it was supposed that the cattle had eaten some poisonous plant; but every suspected grass and weed proved harmless on scientific examination. Then it was held that mineral poisons must lurk in the springs and brooks; but hundreds of samples were analyzed without detecting the presence of the enemy. At last an investigation of the clay shales—soft rocks formed from ancient mud beds, and which are microscopic in an eminent degree—revealed the secret. These formations abound in every infected locality, and it now seems clear that they exhale some sort of miasma, when saturated with water, which originated or aggravated the disease, just as other kinds of malaria bring on chills and fever. Proceeding upon this discovery, thorough drainage of the wet lands adjacent to the shale beds dried them sufficiently to terminate the conditions favorable to the spread of milk-sickness, and the disease disappeared.—*Med. and Surg. Reporter.*

SALICYLAGE IN PARIS.—It is a grave reflection on the boasted civilization of the nineteenth century that the progress of science should be prostituted to the purposes of fraud. The researches of chemists on the constitution of ethers have long been applied to the manufacture of spurious wines, in which even the peculiar characters of particular vintages are closely imitated; but happily these factitious productions of the laboratory were so unstable that their sale was attended by a certain amount of difficulty. Recently, however, the discovery of salicylic acid—or rather, its artificial production, for which, as physicians, we owe so much to Prof. Kolbe—has enabled unscrupulous tradesmen to surmount these obstacles. In small quantities this body possesses the property of postponing the development of ferments and similar organisms; but after a time a kind of toleration is established, and a further addition of the antiseptic has

to be made. Meat, fish, milk, preserves, and other perishable articles of food are thus treated in France; but it is the common beers and the cheap wines so largely consumed in the cafés and restaurants that are the chief objects of this adulteration. Salicylated by the manufacturer that they may reach the cellars of the retailer unchanged, they are submitted by the latter to further dosage as often as he apprehends the approach of incipient decomposition or acetification, until at length they contain from one to four grams of the acid per liter (being about one dram to each quart); and Dr. E. Vallin has computed the daily dose of salicylic acid swallowed by working-men and other large consumers of *vin ordinaire* at not less than four grams, or sixty grains. Not only must the constant ingestion of such doses of an active medicinal agent be productive of direct injury to health, although its precise effects have not yet been ascertained, but, as with the use of alum in flour and bread, the practice enables dealers to dispose of inferior and unwholesome articles of diet, which without the aid of the adulterant would be unsaleable. To such a pitch has the procedure been carried that an agitation has been set on foot by medical men, in concert with honest wine-merchants and others, to obtain legislative prohibition of salicylage in every form.—*Med. Times and Gazette*.

BENEFITS OF SANITATION.—London is not only the largest and the healthiest of the large cities of the world, but it is probably the only city that possesses trustworthy mortality statistics extending over a period of forty years. . . . We now know that the true London death-rate during last year did not exceed 21.5 per thousand, a lower death-rate than which has been recorded in only three of the past forty years. . . .

The health of London, which was practically stationary during the thirty years ending 1870, exhibited a marked improvement during the following ten years, and it may be estimated that at least seventy thousand persons within Registration London were living at the end of the ten years who would have died had the mean death-rate of the preceding thirty years been maintained. It is satisfactory to note, moreover, that if the last decade be divided into two quinquennials, the death-rate in the later is considerably lower than that in the earlier five years. These facts are referred to by the registrar-general as affording strong evidence that the

sanitary efforts of recent years have not been unfruitful, more especially as the increasing density of the population in London would inevitably have led to increased mortality if not counteracted by improved health organization.

The reference of the lower death-rate of the last decennium to improved sanitation in the metropolis appears to be more fully justified when it is borne in mind that the saving of life is almost entirely due to diminished mortality from zymotic diseases. It is shown that this mortality, which had been all but stationary during the three preceding decennia, fell during the last decade no less than twenty-five per cent below its previous average. . . .

We are reminded that nearly nineteen thousand more persons would have died from fever during the ten years in London if the rate from this cause had remained at its previous level; and further, that more than one hundred thousand Londoners were preserved from attacks of fever by the improved health-condition of the metropolis. The fatality of scarlet fever during the past ten years was also considerably below that recorded in any of the three preceding decades. The death-rates from measles, whooping-cough, and diarrhea were also somewhat lower during the last decade, although the decline was less marked.—*London Lancet*.

MAY POTASSIUM IODIDE EXCITE BRIGHT'S DISEASE?—In view of the very large doses which have been advised and are frequently administered in the treatment of syphilis, the question whether iodide of potassium may excite Bright's disease becomes one of considerable importance. In the *American Journal of the Medical Sciences* for July, 1881, Prof. I. Edmonson Atkinson, of the University of Maryland, calls attention to the large proportion of cases treated for advanced syphilis that present after death evidences of marked kidney-disease; and, in this connection, to the fact that syphilitic renal disorder in its characteristic lesion, the gumma, is comparatively rare, while the forms the most frequently encountered are not in themselves syphilitic.

In searching for a cause that might produce these changes quite independently of the syphilitic poison, Dr. Atkinson concludes that since iodide of potassium has decided diuretic action, and, as is known to clinical observers, may cause both albumen and casts to appear in the urine, the continuance of this remedy in some cases might lead to the

changes observed. He therefore made a series of observations upon seventy cases of late syphilis, of which nineteen presented evidences of renal alterations more or less grave. The relation existing between the administration of iodide in these cases and the appearance of mucous or hyaline casts and albuminuria was quite evident, as in a number the abnormal elements gradually disappeared after the cessation of the remedy. The condition appeared to be catarrhal in character, and the casts were the results of renal irritation. In no case, however, was extensive parenchymatous inflammation of the kidneys excited; but an obvious syphilitic disorder of the kidney in one case disappeared under the full and systematic use of the iodide.

The author's conclusion is that while the evil effects of the iodide of potassium are small and for the most part transitory, the occurrence of more severe alterations is not impossible—nay, is probable. To these evil effects some individuals are more susceptible than others.

THE Boston Med. and Surg. Journal, in a recent number, presents a portrait and biography of Dr. E. A. Holyoke, first president of the Massachusetts Medical Society. In giving an account of his habits, to a correspondent who inquired concerning them, Dr. Holyoke, who lived to be more than one hundred years old, writes as follows: "As to Drinks, I seldom take any but at meal times and with my Pipe—in younger Life my most common draft was Cider, seldom Wine, seldom or never Beer or Ale or distilled Spirits—But for the last 40 or 50 years, my most usual drink has been a Mixture, a little singular indeed, but as for me it is still palatable and agreeable, I still prefer it—The Mixture is this, viz. Good West India Rum 2 Spoonfuls, Good Cider whether new or old 3 Spoonfuls, of Water 9 or 10 Spoonfuls—of this Mixture (which I suppose to be about the strength of common Cider) I drink about 1-2 a Pint with my Dinner and about the same Quantity with my Pipe after Dinner and my Pipe in the Evening, never exceeding a Pint the whole Day; and I desire nothing else except one glass of Wine immediately after Dinner the whole Day. I generally take one Pipe after Dinner and another in the Evening, and hold a small piece of pigtail Tobacco in my mouth from Breakfast till near Dinner, and again in the Afternoon till tea; this has been my practice for 80 years."

"HOMEOPATHIC REMEDIES" DO NOT ACT HOMEOPATHICALLY.—The medical profession and the public will be interested to learn, upon the highest authority, that homeopaths do not themselves believe that what are called "homeopathic remedies" act *homeopathically*. It seems that no homeopathist has of late years even pretended that the drugs he employs cure disease on the principle *similia similibus curantur*! This dogma is simply a statement of the so-called "principle" on which the homeopathist selects his remedies. This is obviously a minor consideration, and one in which the public has little, if any, interest. What the patients of homeopathic practitioners expect from these gentlemen, and fee them for, is "homeopathic treatment." It is a matter of perfect indifference to the sick man or his friends how the physician *selects* his drugs. The only practical question is how he treats his cases, and in what manner the drugs act. Having elicited a frank confession of the facts as to the action of drugs, we can only appeal to honest men still connected with this so-called "homeopathic school" to abandon openly a position which they admit does not exist, and which is therefore only a name, full of meaning to the lay public, but of no significance to themselves. We do not wish to speak strongly on the subject, but it is certainly the reverse of candid to retain a name that means nothing and deludes the public. The truth is now at length before us on the admission of leading homeopaths, and the only possible inferences are writ large and plain.—*London Lancet*.

BENZOIC ACID IN THE ALBUMINURIA OF PREGNANCY AND SCARLATINA.—Dr. W. Scott Hill, of Augusta, Maine, calls attention to the value of benzoic acid in these cases, in an article in the American Journal of the Medical Sciences for July, 1881. The influence of benzoic acid upon albuminuria, and its property to cause the rapid disappearance of the albumen, is not mentioned in the text-books; but that it has value the experience of Dr. Hill seems to demonstrate, the notes of four cases being communicated in the paper. The acid was given in doses of one tenth of a grain to two grains, frequently repeated.

PITIFUL.—The legislature of North Carolina has made itself ridiculous by appropriating two hundred dollars per annum for the State Board of Health.

SORGHUM VULGARE, OR BROOMCORN-SEED, IN CYSTITIS.—The popular use of broom-corn-seed tea in bladder-troubles has led Dr. Garnett, of Washington, to investigate its therapeutic value in chronic catarrhal inflammation of the bladder, the results of which he gives in an article in the American Journal of Medical Sciences for July, 1881. He uses a decoction of twice the ordinary strength (two fluid ounces to one pint), of which a pint is to be drunk daily. Dr. Garnett contributes the notes of four cases, in which manifest improvement followed the use of this remedy. What is particularly noticeable is, that while this agent relieved the disease, no decided augmentation was observed in the quantity of urine expelled.

THE West Virginia legislature in May enacted laws to regulate the practice of medicine, *practice* of pharmacy, and *also* that of dentistry. It has also passed a bill making medical men privileged witnesses before the courts, and another to revoke the charter of the "Livingstone University of America," a notorious diploma-mill. There is also on the calendar a bill entitled "A Bill to Encourage and Regulate the Study of Practical Anatomy." The State is to be congratulated on the progressive spirit its legislators have shown. Credit is due the medical profession for securing the passage of the laws in question.—*New York Med. Record.*

EUCALYPTOL.—The experiment of Schultz in 1879 (*Centralb. für Chirurgie*) apparently demonstrated that oil of eucalyptus is preferable, in the Listerian maneuvers, to carbolic acid. The latter prevents the development of bacteria in a solution of 1 to 200, the oil in a solution of 1 to 666, in this respect being more than three times as strong as the former. Besides, it has a pleasant smell, is readily dissolved in alcohol, other oils, and paraffin, and is so harmless withal that more than a dram of it (five grams) was taken internally without any unpleasant effect.—*Med. and Surg. Reporter.*

HIGH MORTALITY IN LOUISVILLE.—During the last five weeks there have been one hundred and sixty deaths among children under five years old, sixty-two being from cholera infantum. The mortuary report for the week ending July 16th made a total of one hundred and twenty-three deaths, more than double the average. Twenty-six were from cholera infantum, twenty-one from sun-stroke.

Selections.

The Pathology of Diarrhea in Phthisis.—By C. Theodore Williams, M.A., MD., etc. (London Lancet):

Diarrhea is often the cause of fatal termination in phthisis, its exhausting discharges reducing the weight and impoverishing the blood more than the cough and expectoration or even than the fever. Three different kinds of diarrhea are met with during the course of the disease: (1) That arising from acidity of the primæ viæ; (2) from intestinal ulceration; (3) from lardaceous disease of the intestines. A great deal of the diarrhea connected with the first stage of phthisis is attributable to the first cause, and many practitioners think when they have allayed this they have arrested ulceration, whereas they have only got rid of dyspepsia. It is unnecessary to dwell on this form, which as a rule arises from over-feeding patients, and is accompanied by a coated tongue, tenderness in the right hypochondrium and epigastrium, loaded urine, anorexia, flatulence, and frequent light-colored stools.

The second form, or intestinal ulceration, is the commonest cause of fatal diarrhea in phthisis, and prevails in a considerable proportion of third-stage patients. Louis found ulceration of the intestines in five sixths of his cases, Bayle in sixty-seven per cent of his, Lebert in sixty-seven per cent of his Breslau ones, and in only thirty-nine per cent of his Zurich ones. The Brompton Hospital post-mortem book for the last twelve months gives the following: Out of seventy-five cases of phthisis in which the intestines were examined, sixty-one had ulceration of a tubercular nature, giving a percentage of eighty-one, a higher percentage than that of either of the above authorities except that of Louis. It is only right to state that a most careful search was made on each occasion by the present pathologist, Dr. Ewart.

The pathology of tubercular ulceration requires a large number of specimens to display its exact course, most autopsies only showing the last destructive stages.

Ulcers are to be found occasionally in nearly the whole intestinal tract below the duodenum, but they are so extensive and involve so great an amount of the mucous membrane of the large intestine as often to give it an entirely worm-eaten appearance, and in many instances the large intestine of a case of phthisical diarrhea can not be distinguished from that of tropical dysentery, so well portrayed lately by Sir Joseph Fayrer in his Lettsomian Lectures. In the small intestine, however, especially in the ileum, we are able to trace the early steps of the ulcerative process, and I hope the cases I am about to relate will illustrate these. The first stage consists of an inflammatory hyperplasia of the solitary and agminate glands, as shown by their prominence when the intestine is opened. The second stage consists either in their conversion into pustules by formation of matter, or by their undergoing caseation. Either phase is followed by the third stage, which is the evacuation of their contents, leaving behind ulcers with smooth floors and sharp, clear-cut edges. Up to this point the process is held by many authorities to be inflammatory, and not strictly tubercular. After a while gray tubercle is detected in the floor of the ulcer, which in time undergoes caseation, causing extension, vertical or lateral, of the original ulcer.

The secondary tubercles follow the line of the

blood-vessels, and sometimes are seen from the peritoneal surface, demonstrating how deep these ulcers extend. When ulceration has arrived at this stage, each spot presents thickened irregular edges and an uneven floor. The intestinal wall around them is generally thin and wasted, and it is often easy to recognize the ulcerations from outside without opening the intestine. In time these patches, extending, join neighboring ones, and eventually the whole circumference of the mucous membrane becomes a mass of disease. It is in this condition that we often find the colon and sigmoid flexure. Before ulceration, however, reaches this degree it is not uncommon to find separate ulcers of great length. Louis found one measuring eight inches, the floor being formed by the muscular coat, except in the center, where even this had disappeared, and only the peritoneal coat remained. Considerable thickening of the peritoneal coats, especially in the region of the ulcers, takes place, and thus it is that perforation is comparatively rare. When it occurs, peritonitis is inevitably set up, but even then it is sometimes of a localized description, the extravasations being walled off by fresh adhesions. As a rule, however, the peritonitis is general, and death soon follows the perforation. Rindfleisch gives a case where several coils of the intestines were adherent, and perforations took place in the adjacent portions in five different places. Occasionally vessels are penetrated by the ulcerative process, and death occurs by hemorrhage. Hanot states that he saw two such instances in the service of M. Lasègue, in each case the amount of blood lost being very striking. After death the source was found to be a small opening in a vessel in the middle of a Peyer's patch, which was deeply ulcerated. Biermer gives a case of large intestinal hemorrhage following tuberculous ulcer of the rectum in a child. These are the most unfavorable pathological courses of the process; but, on the other hand, the ulcer may shrink, the walls become more indurated, and at length form a puckered cicatrix in the mucous membrane, largely contracting the circumference of the intestine; and in patients dying of chronic phthisis these scars are occasionally seen.

Accompanying the ulcerative changes we often find considerable swelling of the mesenteric glands, but this is generally the case in the later stages of the disease. Dr. Walshe found alternation in these glands in from one third to one fifth of his cases of phthisis.

Aneurism of the Arch of Aorta with Consolidation of Contents of the Sac Consequent on Treatment by Iodide of Potassium.—Dr. Geo. F. Duffey exhibited, at the Medical Society of the College of Physicians in Ireland (*British Medical Journal*), a specimen of aneurism of the thoracic aorta which furnished an example of the disease in a condition approaching to cure, by the coagulation of the blood within the sac of the aneurism, such result being fairly attributable to persistent treatment with large doses of the iodide of potassium. The aneurism was not the immediate cause of the patient's death. The subject was an army pensioner, aged forty-two. He was admitted into Mercer's Hospital on the 13th of March, 1880, under the care of Dr. Mason. A prominent pulsating tumor about the size of a small orange then presented itself at the right side of the manubrium sterni, extending behind the third and second costal cartilages of the same side. The tumor was soft and elastic, and evidently

contained fluid blood. There was no bruit. The heart appeared to be in every way normal. Iodide of potassium was administered in gradually increasing doses, until at last the patient was taking from thirty to forty grains three times a day. The effects of these large doses was most satisfactory. They produced no unpleasant effects. He obtained complete relief from the pains; the tumor materially diminished in size—it became quite firm and hard to the touch; and the pulsation in it, from being forcible, elastic, and visible, was now barely perceptible. He was discharged from the hospital in this satisfactory condition on the 23d of July, 1880, after being under treatment therein a little over four months. An attack of bronchitis last February was followed by a fatal attack of pneumonia and collateral hyperemia of the lungs early in April. The post-mortem examination was made five hours after death. A globular false aneurism, intimately adherent in front to the manubrium sterni and first segment of the mesosternum, sprang from the right side of the aorta, commencing abruptly two inches above the semilunar valves, at its sinus, and extending along the transverse portion of the arch to within a short distance from the orifice of the left carotid. With the exception of a channel of about the caliber of that of the aorta of an adult, the sac of the aneurism, measuring thirteen inches in circumference, was filled with fibrin, deposited in a laminated manner, its cross section measuring when quite recent four and a half by three and a quarter inches. A flattened band of fibrin, attached by a broad pedicle to the clot, floated free within the channel of the aorta. The remainder of the arch of the aorta was atheromatous, but the great vessels arising from it were not materially affected. Dr. Duffey added that he had at present, at Mercer's Hospital, a case of aneurism of the aorta, which he was treating with thirty-five-grain doses of iodide of potassium, and great improvement had already been produced.

The Effect of Peripheral Irritation on Anesthesia.—The interesting observations of M. Grasset on the removal of anesthesia of cerebral origin by the application of blisters to the skin, demonstrate in a striking manner the influence which peripheral impressions exercise on the action of the central nerve-cells. That a similar influence may be produced when the cause of the anesthesia is not central but peripheral, is shown by an interesting case lately brought before the Société de Biologie of Paris by M. Malécot. There was anesthesia of the shoulder, arm, and upper part of the forearm following a wound two centimeters in length, about three fingers'-breadth below the outer extremity of the clavicle, and a finger's-breadth within the anterior axillary line. The resulting anesthesia involved the shoulder, arm, upper part of the forearm, and the front of the thorax on the same side, being bounded by an irregular line not corresponding to the distribution of any nerve. There was also some muscular weakness in the forearm. The wound healed, but the anesthesia remained for two months unmodified by any treatment. The anesthesia being regarded as reflex, the result of an action on the center, a blister ten centimeters square was applied over the cicatrix. Next day the sensibility had returned in the forearm and inner part of the arm, just above the elbow. A second blister, just above the wound, increased the area of sensibility, and after a third blister the anesthesia of the shoulder and thorax gradually disappeared.—*London Lancet*.

The Inoculation of Rabies by Cerebral Substance.—In a note read at the Académie de Médecine, Prof. Pasteur first refers to a preceding communication from Prof. Galtier, of the Lyons Veterinary School, in which he stated that he had never been able to assure himself of the existence of the virus of rabies in the dog suffering from that disease in any other part of the body than the lingual glands and the bucco-pharyngeal mucous membrane. He had inoculated more than ten times, and always without success, the product obtained by the expression of the substance of the brain, of the cerebellum, and of the medulla oblongata. Prof. Pasteur then goes on to say, "I have the satisfaction of announcing to the Academy that our experiments [those of Prof. Pasteur and his assistants, MM. Chamberland, Roux, and Thuillier] have been more fortunate. On different occasions, and often with success, we have inoculated the medulla oblongata, and even the frontal portion of one of the hemispheres, and the cerebro-spinal liquid. Under these conditions the rabies has always exhibited its ordinary periods of incubation. The saliva is therefore not the sole seat of the rabid virus, the brain also containing it, and being there possessed of a virulence at least equal to that met with in the saliva of rabid animals.—*Medical Times and Gazette*.

Tuberculosis and Scrofula.—Prof. Grancher, Physician to the Necker, terminates a paper read at the Hospital Medical Society with the following conclusions, which are extracted from the *Med. Times and Gazette*:

1. Tubercle is a fibro-caseous neoplasm, the development of which takes place by successive stages during a very short or a very prolonged period. Its complete evolution may occupy some months or last during the whole of life; and it may be arrested at the early stages, so as not to pass beyond these.
2. Pathological anatomy and experimental pathology agree at the present time in comprising in tuberculosis, under the name *local tuberculosis*, the greater number of affections termed scrofulous.
3. Lupus and the superficial cutaneous or mucous inflammations, the last refuge of those who persist in separating scrofula and tuberculosis will probably in their turn enter into the same category.
4. The necessities of practical medicine not allowing of our confounding together all tuberculous affections, it is desirable to retain the word scrofula to designate the slighter and usually curable tubercular affections.

Nerve-stretching for Locomotor Ataxy.—Dr. Charlton Bastian has recently delivered a clinical lecture (*British Med. Journal*) at University College on a marked case of locomotor ataxy, the symptoms of which he described very minutely. The patient was about forty years old, there was wasting of the muscles of the extremities, especially in the left leg and thigh; at length the movements of his legs became slow and jerky; after walking a few yards he would become exhausted and his legs would double up under him. Mr. Marshall cut down on the great sciatic nerve on the middle third of the right thigh and stretched it with his finger, pulling it twice upward from below, thence twice downward from above; antiseptic precautions were employed. About five weeks later, the right lower limb having mark-

edly improved while the left remained as it was before the right sciatic nerve had been stretched, Mr. Marshall operated on the left sciatic in the same manner. Troublesome diarrhea followed, but seven weeks later, when the patient tried to walk, his gait was found to be much better, the tactile sensibility, previously impaired in the lower extremities had become perfect. The first operation was followed in seven days by the disappearance of a constant aching pain in the hypogastrium, which did not return, although slight pain was felt in the lower part of the chest. In a less advanced case treated in the same manner the improvement was but slight. The wounds in these cases were slow to heal. Dr. Bastian does not attempt to explain the mode in which nerve-stretching acts, but if it is found to do good it should be practiced. The manner by which many drugs act specifically on many morbid processes is quite unknown, yet that is no reason for not continuing their use when they are known to be beneficial in disease, and the same principle now applies to nerve-stretching.

Hemoptysis removed by Menstruation.—Hippocrates (*Aph. v, 32*) says, "Hemoptysis in a woman is removed by an eruption of the menses." Illustrations of the truth of this aphorism are not common, but the following appears to be a case in point: Catharine T., aged twenty-four, widow, was admitted as an out-patient at the General Hospital on March 24th last, complaining of bringing up bright-red frothy blood. She first spat blood two years ago, after carrying a heavy trunk, when it lasted a week. It came on again last spring, and lasted a week. Just before Christmas she spat a great deal of blood, and since that time it had come on every month for a week before menstruation, and had stopped at the establishment of that flow. Menstruation had lasted only two days, and had been scanty. She had a slight cough in the morning, but no expectoration except blood; no dyspnea, pain, wasting, or sweating. The tongue was clean, the appetite good, the bowels open; she slept well. The heart-sounds were normal. There were some slight flattening, and diminution of the breath-sounds at the right apex. Under the use of ergot the hemoptysis has not recurred.—*Robert Saundby, M.D. Edin., in the British Medical Journal*.

Rupture of Internal Organs without Apparent External Lesion.—We read of two such cases in the reports of the *Société Anatomique* (Paris). The first occurred in the service of M. Duplay; the patient had been caught between a wagon and a lamp-post. There seemed to be no external contusion, but the patient complained of intense pain in the hypochondrium. At the autopsy a complete rupture of the kidney was found, with a torn condition of the spleen; there was effusion of blood between the layers of the omentum and mesentery. In the second case a workman was thrown from a team; his hernia escaped from beneath the truss which maintained it at the moment of the accident. There was no sign of abdominal contusion, and the symptoms simulated those of strangulated hernia. At the autopsy a small opening about the size of a dime was found in the small intestine; there was effusion of the intestinal contents into the cavity of the pelvis, and generalized peritonitis, but no strangulation of the intestine.—*Medical Press and Circular*.